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Bib Data Sheet

CONFIRMATION NO. 7628

<b>SERIAL NUMBER</b> 09/815,982	<b>FILING DATE</b> 03/22/2001 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3736	<b>ATTORNEY DOCKET NO.</b> VWAVE.001CP2
<b>APPLICANTS</b> Frank R. Miele, San Diego, CA; Ronald Mucci, Westwood, MA; Gail D. Baura, San Diego, CA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 09/342,549 06/29/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 05/03/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 43	<b>TOTAL CLAIMS</b> 40
<b>INDEPENDENT CLAIMS</b> 13				
<b>ADDRESS</b> GAZDZINAKI & ASSOCIATES Suite A232 3914 Murphy Canyon Road San Diego ,CA 92123				
<b>TITLE</b> Method and apparatus for the noninvasive assessment of hemodynamic parameters including blood vessel location				
<b>FILING FEE RECEIVED</b> 1000	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	